

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07560

CERTIFICATE OF DEATH

83a
Reg. Dist. No.

261

1. PLACE OF DEATH:

County.....

Somerset

City or town.....

Wesley

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

70 yrs.

Hospital, institution, or street address where death occurred:.....

How long in hospital or Institution?.....

3. (a) FULL NAME

William Richard Anderson

4. Sex

M.

5. Color or race

C.

6. (a) Single, married, widowed, or divorced

Married

6. (b) Name of husband or wife.....

Minnie Mae Anderson

7. Birth date of deceased (mo., day, yr.)

June 6, 1878

8. (c) If alive, give age years

63

8. AGE: Years

70

6

1

8

Days

If less than one day

hrs.

min.

9. Birthplace.....

Hagerstown, Somerset Co., Md.

(Town, county, and state)

10. Usual occupation.....

Farmer

11. Industry or business.....

James Anderson

12. Name

J. N. Hampton Co., Va.

13. Birthplace

Mary Coulbourne

14. Maiden name.....

Somerset Co., Md.

15. Birthplace

Minnie Anderson

16. Informant.....

Wesley, Md.

Address

Burial

Date thereof.....

(month) (day) (year)

17. (Burial, cremation, or removal Which?)

Wesley

Cemetery or crematory

Location

18. Funeral director.....

Charles H. Ward

Address

Marion Sta., Md.

19. July 17th, 1948

(Date rec'd by registrar)

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md. County Somerset

City or town.....

Wesley (If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH..... July 14, 1948, at 6:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 8, 1948, to July 14, 1948,

and that I last saw him alive on July 13, 1948.

Immediate cause of death

Cerebral hemorrhage

DURATION 2 days

Due to arterio sclerosis, cerebral

Due to

Other conditions Aortitis

hemiplegia rt (Include pregnancy within months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

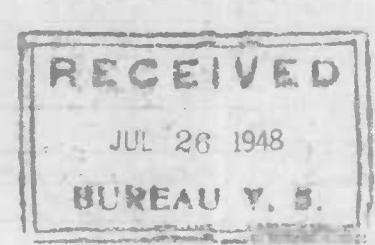
Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE C. G. Rawley M.D.

M. D. or other

Address Crossfield, Md. Date signed 7/15



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

07561

1316
361

Reg. Dist. No.

1. PLACE OF DEATH:

County.....

City or town.....

Somerset

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

40

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Josephine Ballard

4. Sex

Female

5. Color or race

Col.

6.(a) Single, married, widowed, or divorced

Married

8.(b) Name of husband

William Ballard

7. Birth date of deceased (mo., day, yr.)

Aug 8-1883

6.(c) If alive, give age 70 years

8. AGE:

Years

Months

Days

If less than one day

64 11 14

hrs.

min.

9. Birthplace

Maryland Somerset Co Md

(Town, county, and state)

10. Usual occupation

House work

11. Industry or business

MOTHER FATHER

Lewis Williams

MOTHER FATHER

Maryland Somerset Co

14. Maiden name

Elizabeth Johnson

15. Birthplace

Maryland Somerset Co

16. Informant

William Ballard

Address

Westover Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof July 25-1948
(month) (day) (year)

Cemetery or crematory

Cottage Home

Location

Westover Md

18. Funeral director

Charles H Ward

Address

Masion Md

19. Date rec'd by registrar

July 24-48 Nellie Dresner

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md

County.....

Somerset

City or town.....

Westover

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH July 22 1948 at 10:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to..... 19.....

and that I last saw h..... alive on..... 19.....

Immediate cause of death.....

Acute heart disease

DURATION

Due to.....

Due to.....

Other conditions Chronic Nephritis

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

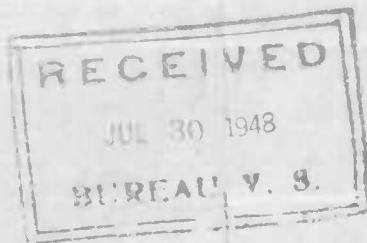
23. SIGNATURE.....

Harr M. Lereford M.D.

M. D. or other

Princess Anne Maryland Date signed 7/22/48

Registrar



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07562

CERTIFICATE OF DEATH

93d
Reg. Dist. No.

261

1. PLACE OF DEATH:

Somerset
Kingston

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 4 years

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

Maryland County Somerset

Kingston

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

3. (a) FULL NAME

Josephine Mildred Barnes

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female

White

Married

6.(b) Name of husband or wife.....

Enoch Barnes

7. Birth date of deceased (mo., day, yr.)

March 20, 1893

6.(c) If alive, give age..... 70 years

8. AGE: Years

Months

Days

If less than one day

55

4

2

hrs. min.

9. Birthplace.....

Pocomoke City-Worcester-Md.
(Town, county, and state)

10. Usual occupation.....

House wife

11. Industry or business

MOTHER FATHER

John Lambertson

12. Name

Pocomoke City, Maryland

13. Birthplace

Linda Bard

14. Maiden name.....

Pocomoke City, Maryland

15. Birthplace

Mr. Enoch Barnes

16. Informant.....

Address

Kingston, Maryland

17. Burial.....

Date thereof July 24, 1948
(Burial, cremation, or removal. Which?)
(month) (day) (year)

Cemetery or crematory

Rehobeth Presbyterian Cemetery

Location

Rehobeth, Maryland

18. Funeral director.....

Address

H. Harvey Bradshaw

Crisfield, Maryland

19. July 14th 1948
(Date rec'd by registrar)Nellie Dryden
Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 22 1948 at 10:00 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from April 26 1948 to July 22, 1948

and that I last saw her alive on July 22, 1948

Immediate cause of death

Coronary

Secondary

DURATION

12 hours

Due to

Coronary Sclerosis

Due to

Hyper tension and
Atherosclerosis heart disease 2 years

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of Injury

Injured at work?

23. SIGNATURE

Frank Matusky M.D.

M. D. or other

Address

Gaines Avenue Date signed 7/23/48



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

83a

07563

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

Somerset
Mt. Vernon - Fr. Anne

(If outside city or town limits, write RURAL and give nearest town)

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

J. Arnold Blom

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white married

6. (b) Name of husband or wife

Pearl Blom

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age

years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace

Aba Finland

(Town, county, and state)

10. Usual occupation

Retired

Sea Captain

Unknown

RECEIVED
JUL 8 1948
BUREAU V. S.

(I)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change of
A G E shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

FILM NO. G 117 AUG 30 1948 CERTIFICATE OF DEATH

55e

Reg. Dist. No. 075-8260

1. PLACE OF DEATH:

County... Somerset
City or town... Upper Hill

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Lydia Russell Watkins Bowser

4. Sex... F 5. Color or race... Col. 6. (a) Single, married, widowed, or divorced
Widowed

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.) Aug. 5, 1852 6. (c) If alive, give age years8. AGE: Years 95 Months 96 Days 11 If less than one day 24 hrs. min.9. Birthplace..... Baltimore, Md. (Town, county, and state)

10. Usual occupation.....

11. Industry or business.....

12. Name..... Bowler Bowser13. Birthplace..... Baltimore, Md.14. Maiden name..... Mary Anne Boggs15. Birthplace..... Upper Hill, Md.16. Informant..... Marie JacksonAddress..... Upper Hill, Md.17. Burial (Burial, cremation, or removal. Which?) Burial Date thereof (month) July (day) 28 (year) 1948Cemetery or crematory..... Upper Hill St. AndrewsLocation..... Upper Hill, Maryland18. Funeral director..... Norina J. WardAddress..... Maison Star Md.19. Date rec'd by registrar 7/27/48 R. H. Johnson, M.A. Registrar

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED.

(For newborn infants give residence of mother)

State... Md. County... SomersetCity or town... Upper Hill (If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 28 1948, at 6:30 p.m.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 28 to July 28, 1948, to July 28, 1948, and that I last saw her alive on July 28, 1948.

Immediate cause of death.....

Sarcoma of liver -Due to Pneumonia

DURATION

2 years

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

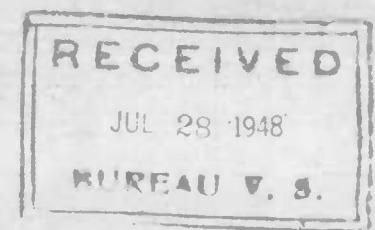
Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury.....

Injured at work?

23. SIGNATURE Eduan G. Maysman M. D. or otherAddress 7125 S. Avenue, Md. Date signed 7/27/48



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

93d

07565265
Reg. Dist. No.

1. PLACE OF DEATH:

County.....

Somerset

City or town.....

Crisfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Life time

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

CORA LEE CULLEN

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female**White****Widowed**

6.(b) Name of husband or wife

Joseph Cullen

6.(c) If alive, give age.....years

7. Birth date of deceased (mo., day, yr.)

April 30, 1870

8. AGE:

Years
78Months
2Days
1If less than one day
....hrs.min.

9. Birthplace.....

Crisfield-Somerset-Maryland
(Town, county, and state)

10. Usual occupation.....

House wife

11. Industry or business

MOTHER FATHER

12. Name.....**Jasper Lawson**13. Birthplace.....**Crisfield, Maryland**14. Maiden name.....**Rita Lawson**15. Birthplace.....**Crisfield, Maryland**

16. Informant.....

Mrs. Lillian Dixon

Address

Crisfield, Maryland

17. Burial.....

Date thereof.....**July 4, 1948**
(Burial, cremation, or removal. Which?)
(month) (day) (year)Cemetery or crematory.....**Nelson Cemetery**

Location.....

RURAL, Crisfield, Maryland

18. Funeral director.....

John A. Bradshaw

Address

Crisfield, Maryland

19. Date rec'd by registrar

July 3 1948

(Date rec'd by registrar)

James E. Spire

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Maryland County...**Somerset**

City or town.....

Crisfield

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Wards Crossing

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 1 1948 at **1245 P.M.**

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

January 1948 to **July 1 1948** and that I last saw her alive on **July 1 1948**

Immediate cause of death.....

Neuritis myeloneuritisDue to.....**Bone disease**

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

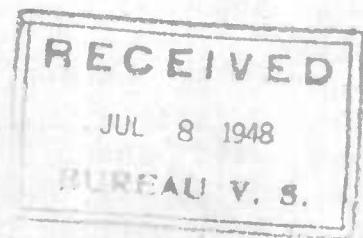
Means of injury.....

Injured at work?

23. SIGNATURE.....**Sam Layton M.D.**

M. D. or other

Address.....**Crisfield, Md.** Date signed.....**July 3 1948**



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07566
260

CERTIFICATE OF DEATH 97

Reg. Dist. No.....

1. PLACE OF DEATH:

County.....

Somerset
Princess Anne Md.

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Marchie Albert Culver

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male white Married

6. (b) Name of husband or wife.....

Ella Pauck Culver

7. Birth date of deceased (mo., day, yr.)

6. (c) If alive, give age.....

74 years

March 23, 1875

8. AGE:

Years Months Days If less than one day

73 3 21 hrs. min.

8. Birthplace

East Princess Anne, Somerset Md.

(Town, county, and state)

10. Usual occupation

Railroad man

11. Industry or business

Crossing Watchman

MOTHER FATHER

George Albert Culver

13. Birthplace

Delaware

14. Maiden name

Lila Adeline Miller

15. Birthplace

Princess Anne Md.

16. Informant

Mrs. Virgil Mariner

Address

Princess Anne Md.

17. Burial

Burial Date thereof July 16, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory

Presbyterian Cemetery

Location

Princess Anne Md.

18. Funeral director

Dale Dashell

Address

Princess Anne Md.

19. (Date rec'd by registrar)

19.....

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md. County..... Somerset

City or town.....

Tina P.F.D. (If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 14th 1948 at 12:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19..... to..... 19.....

and that I last saw h..... alive on.....

Immediate cause of death: Artiro Selvares DURATION

With Trichy Complications

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

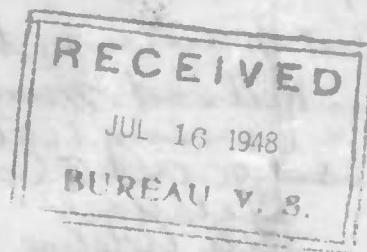
Injured at work?.....

23. SIGNATURE

R. H. Johnson
Princess Anne Md. July 14, 1948
M. D. or other

1448-~~1~~⁶-~~1~~⁴⁴
73-3-2

1878-3-21



I

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

168

07567

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Male Col. Single

6. (b) Name of husband or wife.....

7. Birth date of deceased (mo., day, yr.).....

abt 1906

8. AGE: Years Months Days If less than one day hrs. min.

42 0 0 0 0 0

9. Birthplace.....

(Town, county, and state).....

Baltimore Md.

Laborer

10. Usual occupation.....

11. Industry or business.....

12. Name.....

13. Birthplace.....

14. Maiden name.....

15. Birthplace.....

16. Informant.....

Address.....

17. Burial (Burial, cremation, or removal. Which?).....

Date thereof.....

(month) (day) (year)

Cemetery or crematory.....

Location.....

18. Funeral director.....

Address.....

19. (Date rec'd by registrar).....

19. (Date rec'd by registrar).....

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... County.....

City or town..... (If outside city or town limits, write RURAL and give nearest town)

Street No..... (If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 11 1948 at 1P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19....., to..... 19.....

and that I last saw him alive on.....

19.....

Immediate cause of death

Convulsions & Hemorrhage
of brain

DURATION

Due to.....

Due to.....

Other conditions

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: Death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town)..... (County)..... (State).....

Injured at home, farm, industry, public place (where?)

Public place

Means of injury

Hurt by gun

Injured at work?

23. SIGNATURE

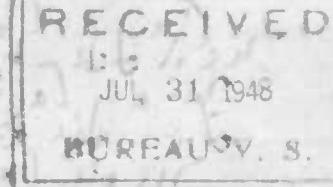
M. D. or other

Address..... Date signed 19/07/48

Registrar

9/7/48

VS A15



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

131a

07568

CERTIFICATE OF DEATH

Reg. Dist. No.

265

1. PLACE OF DEATH:

County.....

Somerset

City or town.....

Somerset

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

1 day

Hospital, institution, or street address where death occurred:.....

How long in hospital or institution?.....

3. (a) FULL NAME

Elizabeth A Long

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

Female White Widow

6.(b) Name of husband or wife

Charles E

7. Birth date of deceased (mo., day, yr.)

6(e) If alive, give age years

June 22, 1863

8. AGE:

Years

Months

Days

If less than one day

85

1

8

hrs. min.

9. Birthplace.....

Somerset, Md
(Town, county, and state)

10. Usual occupation.....

At home

House

11. Industry or business

MOTHER

FATHER

12. Name.....

Thomas W. Dryden

13. Birthplace

Md

14. Maiden name.....

Eliza D. Long

15. Birthplace

Md

16. Informant.....

John Long

Address

Somerset, Md

17. Burial

(Burial, cremation, or removal. Which?)

Date thereof.....

(month) (day) (year)

Cemetery or crematory

St. Peters

Location

Somerset, Md

18. Funeral director.....

H. E. Long & Son

Address

Somerset, Md

19. Date read by registrar

July 30, 1948

Nellie Dryden

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md

County.....

Somerset

City or town.....

Somerset

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

R. F. D. 2

(If rural, give LOCATION)

2.(a) If veteran, name war.....

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 30 1948 at 3:45 P.M.

21. CERTIFY that death occurred on the date above stated; that I attended deceased from

July 30 1948 to July 30 1948

and that I last saw her alive on July 30 1948

Immediate cause of death.....

Acute rheumatic heart disease

DURATION

Due to Chronic but regular

Chronic myocarditis

Duo to.....

Other condition General arteriosclerosis

(Include pregnancy within 3 months of death)

Major findings or operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE

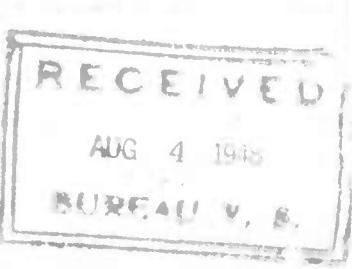
George C. Bellman, M.D.

M. D. or other

Address.....

Somerset, Md

Date signed 28148



PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

186a

07569

Reg. Dist. No.

265

1. PLACE OF DEATH:

County Somerset
 City or town Crisfield
 (If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 7 days

Hospital, institution, or street address where death occurred:

McCreaddy Memorial Hospital

How long in hospital or institution? 7 days

3. (a) FULL NAME

BELLE TILGHMAN MADDOX

4. Sex

Female

5. Color or race

White

6.(a) Single, married, widowed, or divorced

Married

6.(b) Name of husband or wife

John W. Maddox

7. Birth date of deceased (mo. day. yr.)

December 31, 1869

6.(c) If alive, give age years

80

8. AGE:

Years

Months

Days

If less than one day

78

6

27

hrs. min.

9. Birthplace

Dublin District-Somerset-Md.

(Town, county, and state)

10. Usual occupation

Housewife

11. Industry or business

MOTHER

FATHER

William Tilghman

Worcester County, Maryland

13. Birthplace

Mary Powell

Somerset County, Maryland

14. Maiden name

15. Birthplace

Miss Myrtle Derrickson

Odessa, Delaware

16. Informant

Address

17. Burial

Date thereof July 31, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Cemetery or crematory St. Paul's Cemetery

Location

Marion Station, Md.

18. Funeral director

Address

H. Harvey Bradshaw

Crisfield, Maryland

July 30, 1948

(Date rec'd by registrar)

Nellie Dugden
Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset

City or town Marion Station

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) Is veteran, name war

3. (b) Social Security Number

none

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 28, 1948

I CERTIFY that death occurred on the date above stated; that I attended deceased from

July 1, 1948, to July 28, 1948, and that I last saw her alive on July 28, 1948.

Immediate cause of death

Great die of heart

trouble

Due to

Chronic heart trouble

Alma myocarditis

Due to

Other conditions

Fall July 28, 1948

(Include pregnancy within 3 months of death)

Major findings or operations

Date of op.

Autopsy results

no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

acc

Date of

7/28/48

Where did injury occur?

Home

(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Home

(City or town) (County) (State)

Means of injury

Fall

Injured at work?

23. SIGNATURE

George G. O'Boyle M.D.

M.D. or other

Address

Date signed July 30, 1948

RECEIVED

AUG 4 1948

BUREAU V. S.

I

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. Your correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

61

CERTIFICATE OF DEATH

Reg. Distr. No. 261

07570

1. PLACE OF DEATH:

County Somerset
 City or town Rural - Westover
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Nora Lee Marshall4. Sex female 5. Color or race white 6.(a) Single, married, widowed, or divorced Widow6.(b) Name of husband or wife James H. Marshall7. Birth date of deceased (mo., day, yr.) October 16, 1876 6.(c) If alive, give age years8. AGE: Years 71 Months 9 Days 1 If less than one day hrs. _____ min.9. Birthplace Stewart - Virginia (Town, county, and state)10. Usual occupation Housewife11. Industry or business Robert Reed Clark12. Name Winston Salem N.C.13. Birthplace Milena E. Fretwell14. Maiden name Stewart - Virginia15. Birthplace Fred Marshall16. Informant Marietta, MarylandAddress Burial

(Burial, cremation, or removal. Which?)

Date thereof July 19, 1948 (month) (day) (year)Cemetery or crematory Dunmy RidgeLocation Crisfield, Maryland18. Funeral director Hubbard & ArlingtonAddress 306 Main St. Crisfield, Md.19. Date rec'd by registrar July 19th, 1948

(Date rec'd by registrar)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Rural - Westover
(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 17, 1948 at 1:45 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 17, 1948 to July 17, 1948 and that I last saw her alive on July 17, 1948.

Immediate cause of death

Anemia due to Heat

DURATION

AcutecessusDue to: Child pregnancymyomasDue to: Diabetes mellitus Gangrenous limbOther conditions: faint

(Include pregnancy within 8 months of death)

Major findings or operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, tell in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

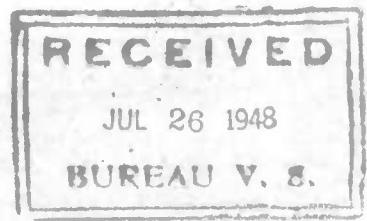
Means of injury

Injured at work?

23. SIGNATURE George S. Marshall M.D.

M. D. or other

Address Marion St. No. 306 Date signed July 18, 1948



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07571

1316

CERTIFICATE OF DEATH

Reg. Dist. No. 260

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:

County

City or town

Somerset, Princess Anne

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 20 years

Hospital, institution, or street address where death occurred:

Oak Street

How long in hospital or institution?

3. (a) FULL NAME

Audie Roe Nichols

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

m w married

6. (b) Name of husband or wife

Olivia Nichols

7. Birth date of deceased (mo., day, yr.)

Oct. 5, 1890

6. (c) If alive, give age 58 years

8. AGE:

Years

Months

Days

If less than one day

57 9 1 hrs. min.

9. Birthplace

North Carolina

(Town, county, and state)

10. Usual occupation

P. F. D. Carrier, Rtd.

11. Industry or business

MOTHER FATHER

12. Name

Wm. A. Nichols

13. Birthplace

N. C.

14. Maiden name

Elvira Nichols

15. Birthplace

N. C.

16. Informant

Mrs. Audie Nichols

Address

Oak St., Princess Anne Md.

Burial

Date thereof

July 8, 1948

(Burial, cremation, or removal. Which?)

(month) (day) (year)

Manokin Presbyterian Cemetery

Cemetery or crematory

Location

Princess Anne, Md.

Funeral director

Wilson Funeral Home

Address

Princess Anne, Md.

27

48

R. S. Johnson, M.D.

Registrar

92

Date signed

VS A15 9-45-15M

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Md.

County

Somerset

City or town

Princess Anne

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Oak St.

(If rural, give LOCATION)

2.(a) If veteran, name war

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 6, 1948, at 10 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 25, 1946, to July 6, 1948,

and that I last saw him alive on July 6, 1948.

Immediate cause of death

Cerebral Hemorrhage

Due to

Hypertension

Due to

Ch. Hypertension

Ch. Nephritis

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

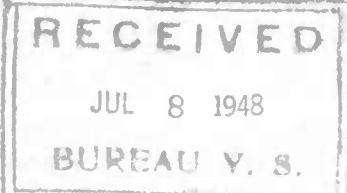
Injured at home, farm, industry, public place (where?)

Means of injury _____ Injured at work?

23. SIGNATURE Mrs. B. McLeggan

M. D. or other

Address Princess Anne, Md. Date signed



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07572

CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH:

County.....

Somerset

City or town.....

Lanesfield

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

before

Hospital, institution, or street address where death occurred:

m: Lanesfield Memorial

How long in hospital or institution?.....

3 yrs.

3. (a) FULL NAME

Agnes Virginia Riggs

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Female White Widower

6. (b) Name of husband or wife.....

George W. Riggs

7. Birth date of deceased (mo., day, yr.)

January 22, 1859

6. (c) If alive, give age years

8. AGE:

Years

Months

Days

If less than one day

hrs. min.

9. Birthplace.....

Maryland

(Town, county, and state)

10. Usual occupation.....

Housewife

11. Industry or business.....

Home

MOTHER FATHER

12. Name.....

George J. S. Ward

13. Birthplace.....

Md

14. Maiden name.....

Mary M. Steele

15. Birthplace.....

Md

16. Informant.....

Agnes Sterling

Address

Lanesfield, Md

17. Burial.....

Burial

Date thereof

July 26, 1948

(Burial, cremation, or removal. Which?)

Lanesfield

Cemetery or crematory.....

Lanesfield

Location.....

Lanesfield, Md

18. Funeral director.....

H. Ward 3 Lanesfield

Address

Lanesfield, Md

19. Date rec'd by registrar.....

July 26, 1948

(Date rec'd by registrar)

Janice E. Spivey

Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

Md

County.....

Somerset

City or town.....

Lanesfield

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

Maryland Ave

(If rural, give LOCATION)

2.(a) If veteran, name war.....

None

3. (b) Social Security Number

None

MEDICAL CERTIFICATION

2D. DATE OF DEATH

July 23, 1948 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

and I, 1845, to July 23, 1948,

and that I last saw her alive on July 26, 1948.

Immediate cause of death

Acute Del 7 Head

Duration

2 weeks

Due to

Stroke and Seizures

Cause

Due to

Stroke and Seizures

Cause

Other conditions

Stroke and Seizures

Cause

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Date of.....

Where did injury occur?.....

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?).....

Means of injury.....

Injured at work?

23. SIGNATURE

Suzanne M. Dillman

M. D. or other

Address.....

Marion St. M.D. Date signed July 26, 1948



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. If incorrect, age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13b

07573
260

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:

County SomersetCity or town Princess Anne

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

3. (a) FULL NAME

Thomas Robinson

4. Sex

male

5. Color or race

Col

6. (a) Single, married, widowed, or divorced

married

6. (b) Name of husband or wife

Kathie Robinson

7. Birth date of deceased (mo., day, yr.)

Oct. (Date not known)(If alive, give age 65 years)

8. AGE:

77

Years

Months

Days

If less than one day

hrs.

min.

9. Birthplace

Somerset County

(Town, county, and state)

10. Usual occupation

Fisherman

11. Industry or business

MOTHER FATHER

12. Name Grace Johnson13. Birthplace Somerset County14. Maiden name Tempera Morris15. Birthplace Somerset16. Informant Kathie RobinsonAddress Ventura, Md.17. Burial Grace
(Burial, cremation, or removal. Which?) Date thereof 8-2-48
(month) (day) (year)Cemetery or crematory GraceLocation Ventura, Md.18. Funeral director William A. James Jr.Address Princess Anne, Md.19. (Date rec'd by registrar) 8/3/48 R. S. Johnson, M.D. Registrar

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County SomersetCity or town Princess Anne (If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

20. DATE OF DEATH July 31 1948 at 2:00 p.m.21. I CERTIFY that death occurred on the date above stated: that I attended deceased from July 15 1948 to July 31 1948and that I last saw him/her alive on July 29 1948

Immediate cause of death

Pulmonary tuberculosis 18 months

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 8 months of death)

Major findings of operations.....

Date of op.

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

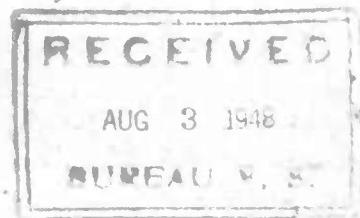
Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE Eddo G. Davidson M. D. or otherAddress Princess Anne, Md. Date signed 8-2-48

~~CC~~
~~BB~~



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Evidence for change
of age shown on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07574

170C

Reg. Dist. No. 260

FILE NO. G 111 JUL 27 1948 CERTIFICATE OF DEATH

1. PLACE OF DEATH:

County

SOMERSET

City or town

PRINCESS ANNE, MD.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

MARYLAND County SOMERSET

City or town

WESTOVER - RURAL

(If outside city or town limits, write RURAL and give nearest town)

Street No.

(If rural, give LOCATION)

2.(a) If veteran, name war

WORLD WAR #1

3. (a) FULL NAME

CHARLES MORRIS WAGNER

3. (b) Social Security Number

215-18-4484

4. Sex

5. Color or race

6.(a) Single, married, widowed, or divorced

M

W

MARRIED

6.(b) Name of husband or wife

MARY MAY WAGNER

7. Birth date of deceased (mo., day, yr.)

AUG. 3, 1895

6.(c) If alive, give age 48 years

8. AGE: Years

Months

Days

If less than one day

53 52

11

14

hrs.

min.

9. Birthplace

WESTOVER SOMERSET MD.

(Town, county, and state)

10. Usual occupation

CARPENTER

11. Industry or business

MOTHER FATHER

JACOB WAGNER

12. Name

MOTHER FATHER

HAROLD — wife

13. Birthplace

MOTHER FATHER

HARRIETT — wife

14. Maiden name

MOTHER FATHER

mrs.

15. Birthplace

MOTHER FATHER

CHARLES WAGNER JR.
Pr. Anne, MD.

16. Informant

MOTHER FATHER

Address

BURIAL

Date thereof (month) (day) (year)

(Burial, cremation, or removal. Which?)

MOTHER FATHER

Cemetery or crematory

MOTHER FATHER

EPISCOPAL CEMETERY

Location

MOTHER FATHER

PRINCESS ANN, MD.

18. Funeral director

MOTHER FATHER

PALE PUSHIER

Address

MOTHER FATHER

PRINCESS ANN, MD.

19. Date rec'd by registrar

MOTHER FATHER

7/19/48

B. H. Johnson M.

Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH

July 19

1948 6P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19

10

19

and that last saw h. — alive — on

19

Immediate cause of death

Fractured skull &
broken neck

Due to Auto accident

DURATION

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause in which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, homicide

Where did it occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?) (City or town) (County) (State)

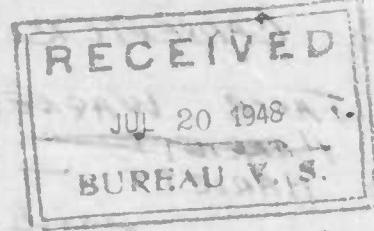
Means of injury Auto accident Public place Injured at work? No

Signature Harry M. Knapp M.D.

M. D. or other

Address Princess Anne

Date signed 7/18/48



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

07575

CERTIFICATE OF DEATH

Reg. Dist. No. 260

1. PLACE OF DEATH:

County.....

City or town.....

Somerset

Chance.

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?.....

50 yrs.

Hospital, institution, or street address where death occurred:

How long in hospital or institution?.....

3. (a) FULL NAME

Emma Wright

4. Sex

5. Color or race

6. (a) Single, married, widowed, or divorced

Fe. Col. Married

B. (b) Name of husband

Cufus Wright

7. Birth date of deceased (mo., day, yr.)

Oct. 13, 1897

B. (c) If alive, give age..... years

8. AGE: Years

Months

Days

If less than one day

50 8 29 hrs. min.

9. Birthplace

Chance, Somerset, Md.

(town, county, and state)

10. Usual occupation

Housework

11. Industry or business

Feesman Jungs

FATHER

12. Name

Chance, Md.

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant

17. Burial

Cemetery or crematory

Location

18. Funeral director

Address

19. Date rec'd by registrar

Sarah Price

Chance, Md.

Chance

Nedie Wright

Burial, chance, Md.

Date thereof July 15, 1948
(month) (day) (year)

Injury at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Signature

M. D. or other

Address

Date signed

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State.....

County.....

City or town.....

(If outside city or town limits, write RURAL and give nearest town)

Street No.....

(If rural, give LOCATION)

2.(a) If veteran, name war.....

3. (b) Social Security Number

MEDICAL CERTIFICATION

2D. DATE OF DEATH

July 12 1948, at 3 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 12, 1948, to July 12, 1948, and that I last saw her alive on July 12, 1948.

Immediate cause of death

Tuberculosis

DURATION

3 weeks

Due to.....

Due to.....

Other conditions

(Include pregnancy within 8 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

Signature

M. D. or other

Address

Date signed

